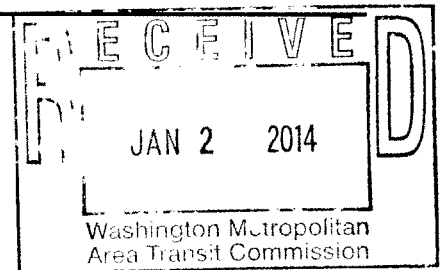


Washington Metropolitan Area Transit Commission

2014 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

876 MED-TRANS-TMC

*WMATC No. *Name of Carrier (as shown on certificate of authority)

1317 ORREN ST 4 WASHINGTON DC 20002

*Street Address of Principal Place of Business

Apt./Suite City

State

Zip

Mailing Address (if different from street address)

Apt./Suite City

State

Zip

(202) 714-0080 (202) 635-0044 Medtrans2964@gmail.com

*Telephone

Other Telephone

Fax

E-mail

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

USDOT No.

DCTC No.

Virginia DMV passenger carrier No.

Maryland PSC No.

3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Lema Atakelete OWNER

*Name

*Title

(202) 714-0080 (202) 635-0044 Lema1958@comcast.net

*Telephone

Other Telephone

Fax

E-mail

4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

Lema Atakelete 202-635-0044 Lema1958@comcast.net

Name of Registered Agent for Service of Process

Telephone

E-mail

1317 ORREN ST. NE 4 WASHINGTON DC 20002

Agent Address (must be inside Metropolitan District)

Apt./Suite City

State

Zip

5. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

6. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include **all** required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No

ATTACHED

7. ***CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Lema Atskelute
*Name (type or print)

OWNER
*Title (not required for sole proprietors)

[Signature]
*Signature

04/02/2014
*Date

#876

NO. NAME	YEAR	MAKE	VEHICLE VIN	LICENCE P STATE	ICEATING	Wheelchair Lift or Ramp
1	2006	FORD-E-350	1FBSS31L36HA58440	DC	15	NO
2	2006	FORD-E-350	1FBSS31L66DB40346	DC	15	NO
3	2006	FORD-E-350	1FBSS31L16HA62082	DC	15	NO
4	2007	FORD-E-350	1FBSS31L77DA51192	DC	15	NO
5	2006	FORD-E-350	1FBSS31L86DA87441	DC	15	NO
6	2006	FORD-E-350	1FBSS31L86HA58420	DC	15	NO
7	2006	FORD-E-350	1FBSS31L36DA87427	DC	15	NO
8	2006	FORD-E-350	1FBSS31L86DA87424	DC	15	NO
9	2003	FORD-E-350	1FBSS31L73HB21261	DC	15	NO
10	2003	FORD-E-350	1FBSS31L13HA69559	DC	15	NO
11	2006	FORD-E-350	1FBSS31L16DA87443	DC	15	NO
12	2006	FORD-E-350	1FBSS31L06HA58640	DC	15	NO

